

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN105AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/14/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARSON VALLEY RESIDENTIAL CARE CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1189 KIMMERLING RD GARDNERVILLE, NV 89410</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/14/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 84 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 69. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><b>RECEIVED</b></p> <p>APR 28 2011</p> <p>BUREAU OF HEALTH CARE QUALITY &amp; COMPLIANCE CARSON CITY NV</p> <p><b>Y255: Permit is displayed in glass case along with Business License and Administrators License. Please see schedule A.</b></p>	4-15-11
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p>	Y 255		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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QQ4511

TITLE

(X6) DATE

*Signature*  
Appointee  
Executive Director

4/25/11

If continuation sheet 1 of 5

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Y 255	Continued From page 1  This Regulation is not met as evidenced by: Based on observation, interview and record review on 4/14/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.  Findings include:  1. Critical Violations:  a. A staff member entered the kitchen without washing their hands and proceeded to dispense ice from the ice machine.  2. Cleaning and Sanitation Issues:  a. Two white kitchen cutting boards were found excessively stained from overuse.  b. The steam table cutting board had excessive amounts of food debris on the underside of the cutting surface.  c. The plastic kitchen blender was cracked at the bottom.  d. The backside of the walk-in refrigerator condenser had dust build-up.  e. Heavily soiled single use sponges were observed in the dishwashing area.  f. Single use 'cottage cheese and margarine' containers were being re-used for other food storage.	Y 255	<u>Y225:</u> 1.a Culinary Director met with staff member and Kitchen / dining staff to review food service regulations. Have scheduled inservice trainingat mandatory all-staff meeting 5/5/2011. Will be monitored and followed upon by all department heads and administrator.  2.a Cutting boards were disposed of 4/15/11 and new cutting boards were ordered 4/15/11 by Mike Forte, Culinary Director.  2.b Cutting board removed, cleaned underside od board ans surface of steam table, before re-installing board. This has been added to closing duties nightly and monitored by Mike Forte, Culinary Director.  2.c Pleastic blender replacementh as been ordered 4/26/11. Should be in place by 5/6/11. Ordered by culinary director Mike Forte and added to safety inspection sheet for regular observation of condition.  Please see <b>schedule B</b> For continuation of plan of correction for this section.	4.15.11 OK NW 4/23/11 4.15.11 OK NW 4/23/11 4.15.11 OK NW 4/23/11 5.6.11 OK NW 4/23/11

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### Schedule B

- 2.d Cleaned by maintenance 4/15/11 and added to weekly checklist for maintenance 4/15/11 by Patrick Ward, Executive Director.
- 2.e Sponges have been disposed of and replaced 4/15/11 by Mike Forte, Culinary Director. Inservice with Kitchen staff on Food Service regulations and sanitary requirements added to monthly meetings and monitored by Mike Forte, Culinary Director.
- 2.f Containers were disposed of 4/15/11 and that practice will no longer be allowed. Included in inservice kitchen staff meeting on Food Service regulations and monitored by Mike Forte, Culinary Director.

OK  
4/28/11  
NW

OK  
4/28/11  
NW

OK  
4/28/11

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Y 255	Continued From page 2  g. A mop was improperly stored in the dishwashing area.  Severity: 2 Scope: 3	Y 255	<u>Y255:</u> 2.g Re-training of staff on proper storage of all equipment that should be hanging. Tape will be installed on equipment that will not hang on own.	4.30.11 4/28/11 OK NW
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on interviews and record review conducted on 4/14/11, the facility failed to ensure 1 of 15 residents received an annual physical examination. (Resident #4).  Severity: 2 Scope: 1	Y 859	<u>Y859:</u> Resident #4 has appointment on 4/25/11 at 12pm. Family will bring back completed physical. See Schedule D	4.25.11
Y 871 SS=C	NAC 449.2742(1)(d)(1-8)(1)(e) Medication Plan  NAC 449.2742 d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation:	Y 871	<u>Y871:</u> Medication Plan is in a binder on the Lead Medication Aide's Desk.	4.15.11

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Y 871	Continued From page 3 <ul style="list-style-type: none"> <li>✓ (1) Preventing the use of outdated, damaged or contaminated medications;</li> <li>✓ (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages;</li> <li>✓ (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744;</li> <li>✓ (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident;</li> <li>(5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196;</li> <li>(6) Ensuring that each caregiver who administers a medication is adequately supervised;</li> <li>(7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and</li> <li>(8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications.</li> </ul> <p>(e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each</p>	Y 871	<p><u>Y871: 1. Medicaition no longer in use or expired policy 136 (see schedule C pg 1)</u> 4.15.11</p> <p>2. Receiving new orders and receiving medications policy 108. (see schedule C pg 3) 4.15.11</p> <p>3. Medication Management Quality Assurance Policy 141 (See schedule C pg 5 &amp; 6) 4.15.11</p> <p>✓ 4. Administration Time Schedule Policy 131. ( See schedule C pg 9) 4.15.11</p> <p>5. Assisting residents with Self Administration of Medication Policy 102. (See schedule C pg 10) 4.15.11</p> <p>6. Documentation of resident medication delivery policy 127. (See schedule C pg 12) 4.15.11</p> <p>7. Pending physician communication folder policy 110 &amp; Observing and reporting Medicaition effects policy 129. (See schedule C pg 14 &amp; 15) 4.15.11</p> <p>8. Nurses &amp; drug references book 2011 4.15.11</p>	

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Y 871	Continued From page 4  new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.  This Regulation is not met as evidenced by: Based on record review and interview on 4/14/11, the administrator failed to prepare a medication plan that included all eight components.  Severity: 1 Scope: 3	Y 871	<u>Y871</u> : e. Annual renewal for Medication management as well as new Silverchair Training Program.	4.18.11

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